

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: GUDGEON First Name: BRONWYN

Date 14/12/22

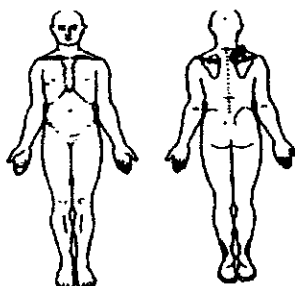
Area Being Treated sh/ls

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

Response to previous treatment (+ve, -ve ISQ): live



Ⓡ Lev Scap Hypertoni
Golf Backswing.

Client consent for treatment

Please sign

Date

OBJECTIVE EXAMINATION:

Observation: <u>Glute Medius Hypertonic</u> <u>Bilat.</u>	Motion tests (Active, Passive, Resisted, Special Tests): <u>Cx LAT Flex R 150° P, @ Lev Scap</u> <u>L 450° PB</u> <u>Cx Flex 2 Fingers PB.</u> <u>Cx EVR PB</u> <u>Resist SWR ABD R ✓ 3x</u>
Palpatory Assessment: Ⓡ <u>Lev Scap Hypertonic</u>	
Treatment: <u>MFTT ilio costalis longissimus</u> <u>semi spmatis, lev Scap, Glute</u> <u>Med, Glute Max</u> <u>DIP low Mid Lev Scap, Glute Med</u> <u>Glute Max</u> <u>PBS Piriformis</u>	Advice & Corrective Exercises: <u>Cx Lat Stretch</u> <u>Lev Scap "</u> <u>Pir. Formis Seated</u>
Reassessment & Postural Improvements: <u>Cx Lat Flex R 250° P, @ Lev</u> <u>Scap</u>	

Next Treatment/Management Plan: 3 weeks (booked)